## clark.wa.gov

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## Clark County Indigent Defense Program Client Complaint Form

Clark County's goal is to provide quality legal representation to those who are deemed indigent. Complete this form if you are represented by a court-appointed attorney and have a concern or complaint.

Indigent Defense will review your concern/complaint and attempt to informally resolve the issue(s). You are encouraged to first discuss your concerns with your current court-appointed attorney to try to resolve the issue(s).

DATE/TIME:				
DEFENDANT INFORMATION:  Last Name, First Name, Middle Initial		In custody? (circle one): Y/N		
		Phone	Email Address	
Street Address	City, State a		and Zip Code	
Case Number(s)	aber(s) Appointed		Next Court Date (if known)	
to attorney-client privilege, attorney, please indicate the CONCERN OR COMPLAIL	without your at below and i	written consent. If you include the reason why	ney that might be confidential, du do not want us to contact your ole and attach additional pages if concern or complaint (do not	

## HAVE YOU TRIED TO RESOLVE THIS ISSUE IN ANY OTHER WAY?

Have you discussed this problem with your attorney? Yes or No (circle one)
If yes, describe what occurred. If no, please let us know why you have not discussed the issue with your attorney.
WHAT DO YOU BELIEVE NEEDS TO HAPPEN? Be as specific as you can (you can attach additional pages if needed).
You may complete and email this form to <a href="mailto:cnty.lndigentDefense@clark.wa.gov">Cnty.lndigentDefense@clark.wa.gov</a> , or by mail to:
Clark County Indigent Defense PO Box 5000 Vancouver, WA 98666-5000
If you need further assistance, you can reach us by phone at: (564) 397-2175.
Indigent Defense Mission: To ensure effective and cost-efficient legal representation is available to persons who are eligible for appointed counsel, consistent with the Washington and United States Constitutions, laws and national standards of justice.
**INTERNAL USE ONLY**
ACTION TAKEN/FOLLOW-UP: